REQUEST FOR	R REDU	CTION IN I	HOURS OF A	AN AIT PROG	RAM- HFA
<b>HFA</b> APPLICANT NAME:_					
<b>Directions:</b> An AIT applicant experience. An HFA applicant hours.	•	•		· ·	*
In each Department/Area, indicate to be completed in each department/area, indicate "0" waiver of a department/area, y with the responsibility of department.	lepartme in the co our expo	nt/area. If olumn denoting erience must	you are req ng number of be from emplo	uesting a full hours to be con oyment in a lice	waiver of a particular mpleted. If requesting full ensed nursing facility; and
Experience in a long term can Supporting documentation (exprevious employer(s) documents the area. The type of supporting the request. It is your response Supportive documents.	e.g., resunting extive docution	perience) mu mentation su provide docu	and/or job st be in suffice bmitted shoul umentation that	descriptions fraction detail to detail to detail to detail to the description demonstrates of the description of the descriptio	rom your current and/or emonstrate proficiency in the column and attached to instrates your experience.
Department/Area	NAB	Suggested	# of Hours	# of Hours	Description of
Department/Area	NAB Rec. % of Time	Suggested Hours Using NAB	# of Hours Requested to be Reduced	# of Hours Proposed to be Completed	Description of Documentation Submitted to Support Request
Department/Area  Administration	Rec.	Hours	Requested	Proposed	Documentation
	Rec. % of Time	Hours Using NAB	Requested to be	Proposed to be	Documentation Submitted to Support
Administration	Rec. % of Time	Hours Using NAB 73	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing	Rec. % of Time 7% 6%	Hours Using NAB  73  63  83  260	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records	Rec. % of Time 7% 6% 8% 25% 4%	Hours Using NAB  73  63  83  260  42	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities	Rec. % of Time 7% 6% 8% 25% 4% 8%	Hours Using NAB  73  63  83  260  42  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions	Rec. % of Time 7% 6% 8% 25% 4% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office	Rec. % of Time 7% 6% 8% 25% 4% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office Dietary	Rec. % of Time 7% 6% 8% 25% 4% 8% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83  83  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office Dietary Housekeeping/Laundry	Rec. % of Time 7% 6% 8% 25% 4% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office Dietary	Rec. % of Time 7% 6% 8% 25% 4% 8% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83  83  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office Dietary Housekeeping/Laundry Maintenance/Environmental Other (corp. office, out-of-	Rec. % of Time 7% 6% 8% 25% 4% 8% 8% 8% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83  83  83  83	Requested to be	Proposed to be	Documentation Submitted to Support
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office Dietary Housekeeping/Laundry Maintenance/Environmental Other (corp. office, out-offacility visits, etc.	Rec. % of Time 7% 6% 8% 25% 4% 8% 8% 8% 8% 8% 8% 8%	Hours Using NAB  73  63  83  260  42  83  83  83  83  83  83	Requested to be	Proposed to be	Documentation Submitted to Support Request
Administration Personnel/Human Resources Rehabilitation Nursing Medical Records Activities Social Services/Admissions Business Office Dietary Housekeeping/Laundry Maintenance/Environmental Other (corp. office, out-of-	Rec. % of Time 7% 6% 8% 25% 4% 8% 8% 8% 8% 8% 100%	Hours Using NAB  73  63  83  260  42  83  83  83  83  83  81  83  83  83	Requested to be Reduced	Proposed to be Completed	Documentation Submitted to Support Request  ***********************************

HFA AIT Applicant Signature Date

Preceptor Signature Date

## REQUEST FOR REDUCTION IN HOURS OF AN AIT PROGRAM- HFA

HFA APPLICANT NAME:					
For office use only:					
Reviewed by:		Date:			
	Suggested Hours Using NAB	# of Hours Requested to be Reduced	# of Hours Proposed to be Completed	Recommended Hours	
Administration	73		•		
Personnel/Human Resources	63				
Rehabilitation	83 260				
Nursing Medical Records	42				
Activities	83				
Social Services/Admissions	83				
Business Office	83				
Dietary	83				
Housekeeping/Laundry	83				
Maintenance/Environmental	83				
Other (corp. office, out-of- facility visits, etc.	21				
Totals	1040				
Approved as recommended	I	Request denied			
Approved with exception:					
				<del></del>	
Approved by:		Date: _			

<u>Directions:</u> An AIT applicant experience. An HFA applicant hours.					•
		1 (1			
In each Department/Area, indicate to be completed in each department/area, indicate "0" waiver of a department/area, y living facility; and with the results of the complete o	lepartment/ard in the columity our experien	ea. If you not denoting nutice must be fi	are requesting the strength of	ng a full waive s to be completed ent in a licensed	er of a particular l. If requesting full nursing or assisted
Experience in a long term ca Supporting documentation ( documenting experience) mus supportive documentation sub	e.g., resume at be in suffic	, letter(s) frient detail to	om your cur demonstrate p	rent and/or prevoroficiency in the	vious employer(s) area. The type of
responsibility to provide document					
Supportive document	ation must b	e received be	efore the Boar	rd will review yo	ur request.
Department/Area	Suggested	Suggested	# of Hours	# of AIT	Description of
	%	Hours	Requested to be	Hours Proposed to	Documentation Submitted to
Administration			_		Submitted to
Administration  Personnel/Human	25%	215	to be	Proposed to	Submitted to
Personnel/Human	25%	215	to be	Proposed to	Submitted to
Personnel/Human Resources/Business Office	25% 10%	215 86	to be	Proposed to	Submitted to
Personnel/Human Resources/Business Office Marketing/Admissions	25%	215	to be	Proposed to	
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home	25% 10% 10%	215 86	to be	Proposed to	Submitted to
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab	25% 10%	215 86 86	to be	Proposed to	Submitted to
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care	25% 10% 10%	215 86 86	to be	Proposed to	Submitted to
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care Facility- Mandatory	25% 10% 10%	215 86 86 86	to be Reduced	Proposed to be Completed	Submitted to Support Reques
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care Facility- Mandatory Social Services/Activities	25% 10% 10% 10% 9.25%	215 86 86 86 86	to be Reduced	Proposed to be Completed	Submitted to Support Reques
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care Facility- Mandatory Social Services/Activities Dietary	25% 10% 10% 10% 9.25% 10%	215 86 86 86 <b>80</b> 86	to be Reduced	Proposed to be Completed	Submitted to Support Reques
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care Facility- Mandatory Social Services/Activities Dietary Housekeeping/Laundry	25% 10% 10% 10% 9.25% 10% 9%	215  86  86  86  80  86  77	to be Reduced	Proposed to be Completed	Submitted to Support Reques
Personnel/Human Resources/Business Office Marketing/Admissions	25% 10% 10% 10% 9.25% 10% 9% 8%	215  86  86  86  80  86  77  69	to be Reduced	Proposed to be Completed	Submitted to Support Reques
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care Facility- Mandatory Social Services/Activities Dietary Housekeeping/Laundry Maintenance/Environmental	25%  10% 10%  10%  9.25% 10% 9% 8% 8% 8%	215  86  86  86  80  86  77  69  69	to be Reduced	Proposed to be Completed	Submitted to Support Reques
Personnel/Human Resources/Business Office Marketing/Admissions Nursing/Home Health/Hospice/Rehab Comprehensive Care Facility- Mandatory Social Services/Activities Dietary Housekeeping/Laundry Maintenance/Environmental Other (corp. office, out-of-	25%  10%  10%  10%  9.25%  10%  9%  8%  8%  .75  100%	215  86  86  86  80  86  77  69  69  6  860	to be Reduced	Proposed to be Completed  80	Submitted to Support Reques

Date

Preceptor Signature

## REQUEST FOR REDUCTION IN HOURS OF AN AIT PROGRAM- HFA

Suggested			
Hours	# of Hours Requested to be Reduced	# of AIT Hours Proposed to be Completed	Recommended Hours
215			
86			
86			
86			
80			
69			
860			
	215 86 86 86	\$6 86 86 86 80 86 77 69 69	to be Reduced Proposed to be Completed  215  86 86 86 86 86 69 69